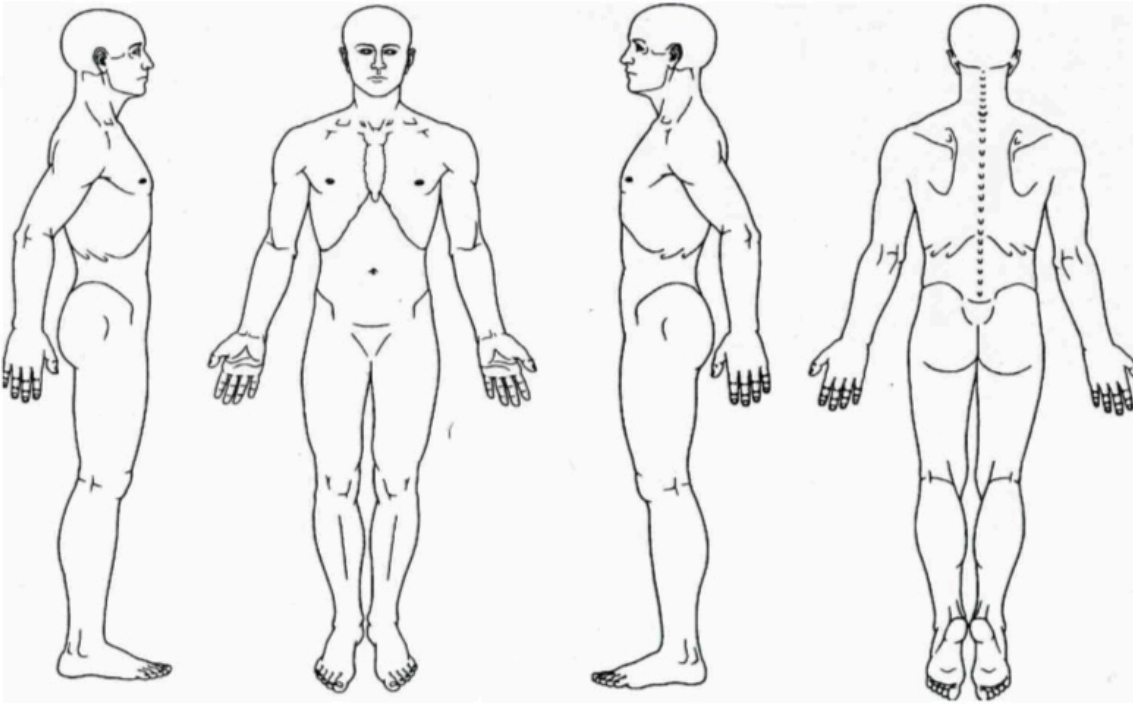


Client History



Location of complaint:

Symptoms: Pain, numbness, tingling, weakness, swelling/inflammation, clumsiness, etc

Onset (sudden/ gradual, injury, when noticed):

Frequency (intermittent, constant):

Duration:

Quality (stiff/achy/tight, sharp, burning, tingling/numbing, throbbing, gripping):

Radiation (P/N/T into arms, legs, sharp/well-localized in extremities)

Severity: 1 2 3 4 5 6 7 8 9 10
 mild moderate severe

Aggravating factors:

Relieving factors:

Time of day of pain (constant/ worse at night):

Prior treatments and effects:

History of area (prior injury, surgery, accidents, getting better/worse):

Medications (pain, etc.) Diagnostic Studies (x-ray, MRI)